

Wisconsin income tax

1998	
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Form		For the year Jan. 1 - Dec. 31, 1998, or other t	ax year beginning		, 1998 ending	_, 19 []
	Your las	st name	First name and midd	dle initial	Your social security number	QUICK REFUND
abel rint	If a join	t return, spouse's last name	First name and midd	dle initial	Spouse's social security number	
Use label or print	Home a	address (number and street)			▲ IMPORTANT	
	City or p	post office, state, zip code			You must enter your social security number(s	
	Che	ck only one box Single		check bo	— —	Election Campaign Fund, Your spouse
Sn		Married filing joint return			Checking the box(es) will not change your tax or refund.
ıg status		Married filing separate return. Fill in s full name and social security number	spouse's son) son)	(See page	iesi	No
Filing		Head of household (with qualifying per	<u></u> <u></u> <u></u>		in amount of Illinois wage	es
		Fill in qualifying person's name	SOII)		\$	
				Spouse	\$	
	1	Federal adjusted gross income (see	page 6)			1
	2	State and municipal interest (see page	ge 6)			2
	3	Capital gain/loss adjustment (see pa	ge 7)			3
	4	Other additions (list)				. 4
	5	Add lines 1 through 4				5
пе	6	State income tax refund (Form 1040,	, line 10)		6	<u>. </u>
ncome	7	United States government interest .			7	<u>. </u>
_	8	Unemployment compensation (see p	age 8)		8	<u>. </u>
	9	Social security (see page 8)			9	<u>. </u>
	10	Capital gain/loss adjustment (see pa	ge 9)		10	<u>. </u>
	11	Other subtractions (list)				
	12	Add lines 6 through 11				12
	13	Subtract line 12 from line 5. This is y	our Wisconsin ind	come		13
	14	Tax. (See page 14) Check if from	Tax Table	or	Special Tax Worksheet.	14
	15	Dependent credit. Fill in number of yourself or spouse) x			15	<u>. </u>
	16	Senior citizen credit (Caution: see pa	age 14)		16	<u>. </u>
on	17	Wisconsin itemized deduction credit.	Complete Schedu	ule 1 on pag	e 3 . 17	<u>. </u>
putati	18	School property tax credit a. Rent paid in 1998 – heat included	d			
Tax computation		Rent paid in 1998 – heat not incl Find credits from table, page 1	uded 6		. ▶ 18a	<u>. </u>
Ta		b. Property taxes paid on home in 1 Find credit from table, page 17				<u>. </u>
	19	Working families tax credit			19	<u>. </u>
	20	Add lines 15 through 19				20
	21	Subtract line 20 from line 14. If line 2	∩ is larger than li	ne 1/1 fill in	· -O-	21

22	Amount from line 21	ZZ _			•
23	Alternative minimum tax. Attach Schedule MT	23			
24	Add lines 22 and 23	24			
25	Married couple credit. Complete Schedule 2 on page 3				
26	Manufacturer's sales tax credit. Attach Schedule MS				
27	Add lines 25 and 26	27			
	Subtract line 27 from line 24. If line 27 is larger than line 24, fill in -0 This is your net tax .				
	Temporary recycling surcharge (see page 19).				
30	Sales and use tax due on out-of-state purchases (see page 20)	30_			
31	Endangered resources donation (decreases refund or increases amount owed)	31_			
32	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 21) x .33 =	32_			
33	Add lines 28 through 32	33 _			
34	Wisconsin income tax withheld. Attach withholding statements 34				
35	1998 estimated tax payments and amount applied from 1997 return . 35				
36	Earned income credit. Qualifying children Federal credit x % =				
37	Farmland preservation credit. Attach Schedule FC				
38	Net income tax paid to another state (see page 22)				
39	Homestead credit. Attach Schedule H				
40	Farmland tax relief credit. Property taxes on farmland x .10 =40				
41	Add lines 34 through 40	41_			
42	If line 41 is larger than line 33, subtract line 33 from line 41. This is the amount OVERPAID	42_			
43	Amount of line 42 you want REFUNDED TO YOU	43_			
44	Amount of line 42 you want APPLIED TO YOUR 1999 ESTIMATED TAX 44				
45	If line 41 is smaller than line 33, subtract line 41 from line 33. This is the AMOUNT YOU OWE . Paper clip payment to front of return	45 _			
Che	Ck proper box and fill in name of municipality and the county in which you lived at the end of 19 City County of			yo	ch a copy ur federa ne tax ret
	Village School district number (see page 32)		á		schedules is return
	r penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my k	knowle			
You	signature Spouse's signature (if filing jointly, BOTH must sign) Date		Day ,	time p	ohone
			()	
If t	your return to: Wisconsin Department of Revenue x due				
If c	offund or no tax due	1AM	N D	A	PC

Page 2

Form 1 (1998) Page 3

Name(s) shown on Form 1

	(s) shown on Form 1	Your soc	ial security number
ch	nedule 1 – Wisconsin Itemized Deduction Credit (see page 15)		
1	Medical and dental expenses from line 4, federal Schedule A. See instructions for exceptions	1	
2	Interest paid from line 14, federal Schedule A. Do not include interest paid on a second home		
	located outside Wisconsin or on a residence which is a boat. Also, do not include interest paid to		
	purchase or hold U.S. government securities		
3	Gifts to charity from line 18, federal Schedule A. See instructions for exceptions	3	
4	Job expenses and miscellaneous deductions from line 26, federal Schedule A. See instructions	4	
_	for exceptions		•
5	Other miscellaneous deductions from line 27, federal Schedule A. See instructions for exceptions		
6	Add lines 1 through 5	6	•
7	Using Wisconsin income from line 13 on page 1, find your standard deduction from table on page 31. (If Special Tax Worksheet on page 14 used, fill in the standard deduction from line 6 of that worksheet.)	7	
8	Subtract line 7 from line 6. If line 7 is more than line 6, fill in -0		
_	Rate of credit is .05 (5%)		
9	Multiply line 8 by line 9. Fill in here and on line 17 on page 1		
cł	nedule 2 – Married Couple Credit When Both Spouses Are Employed (see pag	e 18)	
	en completing this schedule, be sure to fill in your income in column (A) and your spouse's income in co	-	
۷h	en completing this schedule, be sure to fill in your income in column (A) and your spouse's income in co	-	(B) SPOUSE
	en completing this schedule, be sure to fill in your income in column (A) and your spouse's income in co	-	
Vh	en completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (A) YOURSELF Taxable wages, salaries, tips, and other employe compensation. Do NOT	-	
Vh	Taxable wages, salaries, tips, and other employe compensation. Do NOT enter interest, dividends, pensions, unemployment compensation, or other unearned income	-	
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1 2	Taxable wages, salaries, tips, and other employe compensation. Do NOT enter interest, dividends, pensions, unemployment compensation, or other unearned income	-	
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Vh 1 2 3 4	(A) YOURSELF Taxable wages, salaries, tips, and other employe compensation. Do NOT enter interest, dividends, pensions, unemployment compensation, or other unearned income	-	
1 2 3 4	Taxable wages, salaries, tips, and other employe compensation. Do NOT enter interest, dividends, pensions, unemployment compensation, or other unearned income	-	
Vh. 1 2 3 4	Add amounts from your federal Form 1040, lines 23 and 29, plus repayment of supplemental unemployment benefits, employe expenses of qualified performing artists and of fee-basis state or local government officials, and contributions to Section 501(c)(18) pension plans included in line 32, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to your or your spouse's income. Iday (A) YOURSELF (B) YOURSELF (A) YOURSELF (A) YOURSELF (B) YOURSELF (A) YOURSEL	-	
Vh. 1 2 3 4	Taxable wages, salaries, tips, and other employe compensation. Do NOT enter interest, dividends, pensions, unemployment compensation, or other unearned income	olumn (E	
1 2	Add amounts from your federal Form 1040, lines 23 and 29, plus repayment of supplemental unemployment benefits, employe expenses of qualified performing artists and of fee-basis state or local government officials, and contributions to Section 501(c)(18) pension plans included in line 32, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to your or your spouse's income (A) YOURSELF (A)	olumn (E	(B) SPOUSE
Vh. 1 2 3 4 5 6 _	Combine lines 1 and 2. This is earned income. Add amounts from your federal Form 1040, lines 23 and 29, plus repayment of supplemental unemployment benefits, employe expenses of qualified performing artists and of fee-basis state or local government of ficials, and contributions to Section 501(c)(18) pension plans included in line 32, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to your or your spouse's income. Subtract line 4 from line 3. This is qualified earned income. Subtract line 4 from line 3. This is qualified earned income. Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in -0 Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$14,010, fill in \$14,010.	olumn (E	(B) SPOUSE